

**Town of Enfield ~ Division of Building Inspection**

820 Enfield Street, Enfield, Connecticut 06082

Telephone: 860-253-6370 ~ [www.enfield-ct.gov](http://www.enfield-ct.gov)

# Application for Electrical Permit

*Applications must be legibly printed or typed. Illegible applications will be rejected.**Street numbers, not lot numbers, are required. Press F1 at fill-in boxes for help.***\*\*\*Do not write on the back of this form.\*\*\***

RECEIVED

Official Use Only

**Job Location**

|                                                                                         |              |            |       |
|-----------------------------------------------------------------------------------------|--------------|------------|-------|
| Street Number:                                                                          | Street Name: | Floor:     | Unit: |
| <input type="checkbox"/> NEC – NFPA 70<br><input type="checkbox"/> Residential Code-IRC | Use:         | Occupancy: |       |

**Property Owner of Record**

|               |        |      |             |
|---------------|--------|------|-------------|
| Name:         |        |      |             |
| Email:        |        |      |             |
| Mail Address: |        |      | Telephone:  |
| City:         | State: | Zip: | Cell Phone: |

**Description of Work Being Done**

|                       |             |
|-----------------------|-------------|
|                       |             |
|                       |             |
| Market Value of Work: | Permit Fee: |

**Make, Model, and Size of Equipment to be Installed**

|  |
|--|
|  |
|--|

**Applicant, Agent or Contractor if Different than the Owner of Record**

|                            |               |                  |             |
|----------------------------|---------------|------------------|-------------|
| Name:                      |               |                  |             |
| Email:                     |               |                  |             |
| Mail Address:              |               |                  | Telephone:  |
| City:                      | State:        | Zip:             | Cell Phone: |
| Contractor License Number: | License Type: | License Expires: |             |

**Affidavit**

|                                                                                                                                                                                                                                                              |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| The property owner or the applicant, agent or contractor hereby certifies that all work proposed on this application is authorized by the property owner or his agent and that the work will be done in accordance with the Connecticut State Building Code. |       |
| Signature:                                                                                                                                                                                                                                                   | Date: |

**Official Use Only**

|                 |                                                                     |             |                |
|-----------------|---------------------------------------------------------------------|-------------|----------------|
| Permit Fee:     | Notes:                                                              |             |                |
| Check Number:   | <input type="checkbox"/> Approved <input type="checkbox"/> Rejected | Date:       | Permit Number: |
| Receipt Number: | Building Official Signature:                                        | Related BP: |                |

**Do not write on the back of this form.**

Rev.10.1jt